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**Original Communications.**

PARACENTESIS IN PLEURITIC EFFUSION IN CHILDREN.

By J. P. OLIVER, M.D., of Boston.

ZIEMSEN considers the operation more successful in children than in adults. To lay down rules, however, when paracentesis should be performed is no easy matter. Roger, of the Hôpital des Enfants, Paris, gives the following\* :—

"I. In acute cases, with very profuse effusion and persistent bad symptoms, puncture should be performed, first with the capillary trocar and then with the aspirator, as soon as empyema can be diagnosed. If the effusion returns slowly and in less degree, the same operation may be repeated. If the return is rapid, however, an external fistula should immediately be made, and a short metal canula be introduced. Drainage is to be employed only in older children and by experienced operators. The pleural cavity should be washed out through the canula; if suitable, medicated solutions (tincture of iodine, decoction of bark, &c.) may be used. When the purulent discharge has diminished to about a tablespoonful in the twenty-four hours, and only an equally small quantity of fluid can be injected, the canula should be removed and the fistula will soon close.

"II. The treatment of chronic empyema is similar to that just mentioned.

"III. If spontaneous perforation into the bronchi has occurred, but the general symptoms do not disappear, the discharge of pus is impeded, or pneumothorax comes on, the fistula should be made in the same manner by puncture, or by incision, if the pleural contents are thick.

"IV. Tubercular pleurisy is no contra-indication, especially as its diagnosis is uncertain; at all events, the patient will be relieved by the operation. Hydrothorax in a child can never be an indication for thoracentesis. In cases of fibro-serous effusion in articular rheumatism, thoracentesis is to be performed only for an *indicatio vitalis*; paracentesis of the pericardium may be oftener necessary. The termination of simple, serous, acute pleurisy in childhood is generally recovery, absorption being more rapid than in adults, and death more rare, even in pleurisy of the left side; consequently, thoracentesis is to be performed only in case of absolute necessity. In chronic pleurisy, if the effusion is abundant and remains constant for six or eight weeks, it will generally have become purulent, and thoracentesis will be indicated. The thought that a simple pleuritic effusion might be changed

\* L'Union Médicale, copied from the American Journal of Obstetrics.

to a purulent one by puncture, will deter us from unnecessarily opening the pleural cavity in such cases."

The expansion of the lung, after long-standing exudation in pleurisy, is impeded, not only by false membrane enveloping it, but by atrophy of the lung itself. It is not known how long a lung may be compressed before this atrophy takes place. Dr. W. H. Dickinson, of the Hospital for Children, in Great Ormond Street, London, always taps early, and, if the fluid returns, repeats the tapping at short intervals. The exudation of pleurisy more speedily becomes purulent in children than in adults; in secondary pleurisy, it is commonly purulent from the first. This is an additional reason for not unnecessarily postponing the operation. Dr. Dickinson usually operates in front, for the reason that, when cases open spontaneously, they generally open there. If left to itself, Hillier says, it may perforate the external wall of the chest in almost any situation from the first to the eighth or ninth intercostal space. In sixteen cases, reported as having opened spontaneously, two opened in the fifth interspace a little outside the nipple, one on the right and one on the left side; one pointed and was opened on the left side in the ninth interspace in the axillary line; another in the ninth left space; and in a fifth, two openings occurred in the seventh left interspace, one in the line of the nipple and one an inch and a half further back; in the sixth, an opening was established two inches below and one inch outside the left nipple; a second, opening near it, appeared at a later period. In none of these cases did a spontaneous perforation occur higher than the fifth interspace.



Dr. Bowditch operates behind, generally between the eighth and ninth ribs, in a line from the lower angle of the scapula.

Of thirty-three cases collected by Ziemssen,\* eight died and twenty-five recovered. The ages were as follows:—

Two were under twelve months, of which one recovered.

From 1 to 2 years, one case, which recovered.

" 2 to 3 " " " fatal.

" 3 to 4 " 3 "

" 4 to 5 " 4 "

" 5 to 6 " none.

" 6 to 7 " 5 cases.

" 7 to 8 " 4 "

" 8 to 9 " 1 "

" 9 to 10 " 4 "

" 10 to 11 " 1 "

" 11 to 12 " 1 "

" 12 to 13 " 1 "

" 13 to 14 " 1 "

At 14 " 1 "

Age not stated 4 "

When it is desirable to make a permanent opening, Dr. Dickinson uses the following contrivance, which, he claims, is superior to the

\* Pleuritis und Pneumonie im Kindesalter.

old-fashioned canula or the more modern rubber tubing with small holes cut in it at intervals. A T-shaped wire, silver or nickle plated, is used (see diagram); the part A being inserted into the opening in the chest, while the wire is retained in its place by means of strips of adhesive plaster passed through the parts marked B. The wire keeps the opening from closing, and is not liable to cause necrosis of the rib, an objection the canula is open to. It does not require to be changed every few days, as is the case with the rubber tubing. When the latter is used, if the fluid is at all purulent, it adheres to the sides, soon decomposes and sets up a very offensive odor, and so necessitates the frequent washing or renewal of the tube. The part B (see Fig. 2) being bent at right angles to A, lies, when *in situ*, perfectly flat against the wall of the chest, and consequently does not cause the patient any inconvenience whatever. I am unable to state whether or not the contrivance is original with Dr. Dickinson.

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#### JOINED TWINS AND OTHER DEVIATIONS FROM NATURE.

By JAMES O. WHITNEY, M.D., of Pawtucket, R. I.

APPROPOS of the interest now occasioned by the death of the Siamese twins, I will mention that when I was a student at the Berkshire Medical College, there was in the museum of the institution a dried specimen of twins joined at their backs. If I was correctly informed, they were born still, Prof. H. H. Childs having been the obstetrician at the birth. The bond of union was short, not over one inch in length. No doubt some of the readers of the JOURNAL can give full particulars of this case.

Some thirty-five years since, there was born in Attleboro', Mass., a child destitute of extremities, a human being consisting of a head and trunk. It lived until two and a half years of age. It had intelligence, and a comely face. I suppose, from what I was told by the parents a few years after its death, that it was not deficient in anything or in any respect other than as stated. One shoulder was rounded off, and the other supported a mere rudiment of an arm; and, as the mother described it, "the body came to a point." Therefore, not the vestige of thighs existed. The sex of the child, if told, I cannot recall, but I think it was a female. After it acquired strength in the spine, a socket was constructed, into which it was placed, and in this way it maintained the erect posture, taking an interest in surrounding events, "seeming as pleased when familiar faces entered the room as any child" of like age. The parents of the child (the mother is still living) were educated, well-to-do people; they had had children, notably intelligent and beautiful. A fine male child was born to them after this one.

Recently (March, 1874), I attended at the birth of a male child, the right foot of which is destitute of the four outer phalangeal and metatarsal bones; the foot consists of little more than a finger, the heel being more pointed than normal. The right hand wants a thumb, the index and large finger coalesce and are shorter than the third finger, which is singularly lengthened. On the left hand, the thumb is partially wanting; three fingers coalesce, and the little finger is the longest.

## Progress in Medicine.

### REPORT ON MENTAL DISEASES.

By T. W. FISHER, M.D.

#### ANATOMY, PHYSIOLOGY AND PATHOLOGY.

SINCE the brain has been suspected of standing in such an intimate relation to mind, anatomical and physiological research has been stimulated to the utmost. The convolutions are the *terra incognita* to be explored. The microscope has done, and is doing, much for cerebral pathology, but its limit of power is said to be nearly reached. What is now needed is a large number of accurately recorded observations, from which to generalize. It is possible the localization of the mental faculties, which is the great *desideratum* in a scientific point of view, will be slowly built up by anatomical and clinical observation, with the aid of physiological experiment, though Brown-Séquard has recently taken ground against the possibility of such localization.

The method of electrically discharging separate convolutions used by Fritsch, Hitzig, and, later, by Ferrier, can be applied only to animals, and it is a mistake in this matter to infer at once a correspondence of function between the homologous gyri of animals and man. In fact, a correct knowledge of the human convolutions has been indirectly hindered by a too close following of Gratiolet in his studies of the brains of apes. A more suitable method is that of Ecker, who, in his book on the "Convolutions of Man," recently translated by Dr. Edes, has used the foetal brain as the basis of his research. He says, "here the structural plan of the human brain is exhibited in its simplest lines, while, later, the essential is often no longer to be so easily separated from the non-essential." Physicians would do well to take this little book as their guide in autopsies where the cerebral cortex is affected by gross lesions. The nomenclature of Ecker, with tracings or sketches of the lesion and its surroundings, would furnish common ground for comparison of cases.

As to the experiments of Ferrier, the full account of them, in the West Riding Reports for 1873, adds little to the summaries already given in our last report, as well as in that of Dr. H. P. Bowditch.\* They show, in brief, that in animals the anterior convolutions are centres for various associated movements, while the posterior seem to have no motor signification, and are probably related to sensation. The individual convolutions are separate and distinct centres for movements of the eyelids, face, mouth, tongue, ear, neck, hand, foot and tail. The action is generally crossed. On the cerebellum depend the movements of the eyes and the equilibrium of the body. Hitzig thinks Ferrier's results were due to discharges of the basic ganglia from too deep stimulation, as they do not agree altogether with his own experiments.

Nothnagel injects a solution of chromic acid, by means of a fine canula, thus destroying a limited portion of tissue, deep-seated or superficial. His experiments confirm the above (*Virchow's Archiv*, April 10, 1873). Dr. Jackson's observations upon epilepsies and cho-

\* JOURNAL, July 24 and 31, 1873.



rea, due to "discharging lesions," and on paralyzes, due to "destructive lesions," are valuable (*British Medical Journal*, May 10, 1873; and *Brailhwaite's Retrospect*, Jan., 1874). His remarks on "loss of consciousness and mental automatism following certain epileptic seizures" (*Medical Times and Gazette*, July 19, 1873), contain a generalization important to alienists, viz., that different degrees of gravity in cerebral lesions produce "different degrees of involvement of nervous processes, in the order of their speciality, and correspondingly different depths of reduction in automaticity." For instance, speech is lost before the general power of expression; convulsions seize the specialized muscles of the thumb and forefinger first, &c. So in *petit mal*, loss of consciousness, the most special of nervous processes, is first induced. In insanity, there is a limitation in the area of consciousness oftentimes, with various degrees of reduction in automaticity. This may also be seen in the phenomena of sleep, intoxication, and the like.

We must proceed now to consider hastily a paper prepared by J. Batty Tuke, M.D., "On the Morbid Histology of the Brain and Spinal Cord as Observed in the Insane" (*Medico-Chirurgical Review*, April and July, 1873). This paper is based on the observation of eighty-six cases, in which examinations were made of selected portions, both fresh and prepared. The use of Dr. Major's "tephrylometer" greatly facilitated the research. This is merely a thin, glass tube, open at both ends, which, being plunged into the brain, removes a small cylinder, as a quill pop-gun does a section of potato. The color of the layers of grey matter can be observed through the glass, and their thickness measured by its graduated scale, and recorded. By pushing forward the contents, the layers can be successively sliced off and squeezed out under glass for the microscope. This method can be easily adopted by any physician, and gives better results, in many points, than the sole use of hardened specimens.

Dr. Tuke finds morbid conditions of the vessels in every case:—1, Perivascular spaces, which he thinks always indicate disease; 2, thickening of the hyaline membrane; 3, deposits on the tunica adventitia; 4, hypertrophy of the muscular coat; 5, microscopic aneurisms and apoplexies; these being, according to Bouchard, the usual cause of cerebral hæmorrhage, while atheroma is the cause of senile softening; 6, abnormalities in direction, and, 7, in pigmentation. In connection with the neuraglia, he finds: 1, General sclerosis; 2, disseminated sclerosis; 3, miliary sclerosis—all these forms of sclerosis affecting, primarily, the connective tissue, which undergoes inflammatory changes, indirectly affecting the nerve elements by pressure; 4, atrophy; 5, colloidal degeneration. Disintegration and degeneration through malnutrition is exceedingly common in cases of long standing, in general paralysis, and senile decay. It is only noticeable when the wasting has been considerable, and is marked by deep sulci, wide spaces, and compensating fluid.

#### SPECIAL FORMS OF MENTAL DISEASE.

Since Dr. Skae's attempt at an etiological classification, given in our last report,\* a classification mania has prevailed, which may itself be regarded as a form of insanity, or "dominant idea." Dr. Skae,

\* JOURNAL, vol. lxxxix, 1873, page 108.

while he lived, and his pupil, Dr. J. B. Tuke, have extended and defended the system mentioned. Dr. Bucknill offers a new system, and criticizes Dr. Skae's as excluding all mental distinctions (*Lancet*, Nov. 15, 1873). He divides *insania*, which is a neurosis, into the three familiar forms of mania, melancholia and dementia, corresponding with the cerebral states of exaltation, depression and debility. He makes twelve sub-classes out of different groupings of these primary forms. He admits mental distinctions, but omits the element of time.

Dr. Laycock thinks none of the current classifications broad enough or scientific enough to include transitional varieties (*Lancet*, Jan. 3 and 10, 1874). He does not find them practical, either, and proposes to devise a plan suitable as a basis for clinical instruction at the Edinburgh Infirmary. Dr. Berthier objects to anatomy, physiology, pathology, etiology, symptomatology or psychology, as insufficient bases for a classification in the present state of knowledge (*Annales Medico-Psychologiques*, Nov. 1873). He suggests clinical analysis as a practicable one. He begins with three classes:—1, Delirium accessory to febrile conditions; 2, delirium secondary to neuroses; 3, insanity, properly so-called. The latter he divides into eight manias, based on such general conditions as apprehension, stupidity, impulsiveness, grand delusions, &c.

It is very certain that a scientific classification is still impossible. The various methods devised have each a different value, but all have the same fault of making arbitrary distinctions when none exist in nature. Disease does not so dissect and dis sever the functions of the brain. The three best established forms, mania, melancholia and dementia, either coexist or succeed each other in nearly every case, so that they are really the names of different stages of one disease. Neither are the three grand divisions of mind, the will, the emotions and the intellect, so clearly distinct as to furnish a basis of division when affected by disease. It may, perhaps, be safely conjectured that insanity will ultimately prove to be one disease with many symptoms.

If there is a distinct form of mental disease, it would seem to be acute mania, coming on suddenly, from definite, exciting causes, and often ending in complete recovery in a few weeks. Dr. Sankey is inclined to deny the existence of this form of insanity, and asks (*British Medical Journal*, Oct. 25, 1873), "Is there such a disease as acute, primary mania?" If so, he says, it should, like pneumonia, for instance, begin, continue and end as mania. He has never observed this to be the case. He has always found premonitory symptoms of a different mental type. It may be answered that the depression, irritability, wakefulness, &c. premonitory of acute mania, are, sometimes, no more prominent or lasting than the malaise and chill preceding pneumonia; and the mania often passes off with no more proportionate mental debility or dementia than one sees of lung debility, succeeding pneumonia.

Traumatic insanity would seem to be sufficiently classifiable from a clinical point of view. Dr. Krafft-Ebing (*Annales d'Hygiène, Juillet*, 1873) gives an analysis of cases of insanity following blows and wounds of the head. The chief symptoms are:—

1. An extreme, progressive, general irritability.
2. Diminution of power to resist alcoholic excess, a symptom which every one must have noticed after heat-stroke, and which is common

to many forms of insanity. In intemperate persons the disuse of alcohol is an early symptom of insanity or general paralysis.

3. Great tendency to active, cerebral hyperæmia.
4. Frequency of hyperæsthesia and hallucinations.
5. Vertigo, headache, &c.
6. Paralyzes.
7. Epilepsy.

8. Mental symptoms; if immediately following the injury, depression and disordered mobility; if following after an interval, weakness of mind, perversion of moral sense, growing irritability, finally, mania, with tendency to violence well marked. This form of insanity, I have seen, as described, in the case of a gentleman 65 years of age, who lost two-thirds of his scalp and the outer table of the skull consecutive to the blow of a hatchet. Mania came on the fourth week, when healing had begun, and was marked by great talkativeness and constant motion. Perfect recovery followed in the course of a few weeks.

Dr. Christian has an article on "Insanity consecutive to Acute Maladies" (*Archives Générales*, Sept. and Oct., 1873). Out of one hundred and fourteen cases, typhoid fever was the direct or indirect cause in thirty-six, intermittent fever in sixteen, eruptive fever in sixteen, erysipelas of the face in two, cholera in nine, pneumonia in seventeen, rheumatism in fifteen, other diseases in three. The form of mental disorder was, in four cases, isolated delusions; in fifteen, hallucinations; thirty-four, mania; eight, ambitious delirium; sixteen, melancholy; twenty-seven, stupidity; ten, dementia. These forms were not always distinct, but compound, mania with hallucinations occurring with stupor. The condition was usually asthenic, with disorders of motility in some cases. Many recovered from apparently hopeless dementia, and symptoms resembling general paresis.

Lawson Tait discusses "Menstrual Irregularities and their relation to Nervous Diseases" (*London Obstetrical Journal*, May and June, 1873). Epilepsy he has found, occasionally, dependent on suppressed menstruation. He cured a bad case, depending on an "infantile uterus," by galvanic pessaries, which stimulated development and induced menstruation. Insanity depending on disordered menstruation, he has found of a melancholic type. He quotes Dr. Sutherland (*West Riding Reports*, 1872), who examined into the menstrual history of 500 cases of insanity. He noticed a marked concurrence between exacerbations of mania and the catamenial period, the excitement becoming continuous in a few cases of menorrhagia. In many cases of melancholia, amenorrhœa existed. Demented patients usually menstruated well. In 162 cases of mania, two-thirds had increased excitement at the menstrual period.

The above facts have, for a long time, been perfectly well known to alienists, but have not inspired them with that belief in their causal relation to insanity which some gynæcologists claim, nor in a reliance on local treatment to any great extent. Some cases are of undoubted uterine origin; but in the majority, the cause lies deeper, the inherited constitution and temperament accounting both for the menstrual and mental peculiarities. Menstruation is a perturbing element in health, and could not fail to aggravate the sensitive condition of mania, while in melancholia there is often a general suppression of secretions, constipation, dry skin, with apathy and insensitiveness to

impressions. In dementia, the patient eats and sleeps well, as a rule, gets fat, makes blood and ought to menstruate. Dr. Sutherland says the occurrence of menstruation *with* mental improvement was always a good sign; but *without*, it is an indication of approaching dementia. This statement seems a little inconsistent with his opinion that most demented menstruate. Besides, of what value is the menstruation as a prognostic sign, if it is the *mental* condition, after all, which is the important factor?

#### TREATMENT OF INSANITY.

But little that is new has been written, or can be said, on the more important points in this division of our subject. We may briefly mention some of them on which most alienists are agreed. 1. The great value and importance of moral in distinction from mere drug treatment. 2. The importance of the persistent personal influence of a skilled physician. 3. The necessity of hospital treatment in a large proportion of cases. 4. The value of medium-sized hospitals, properly constructed and officered, as superior to any so-called *family-* or *cottage-system*. 5. The necessity of a complete control, by the physician, of the patient's whole mode of life, and all his surroundings during the curative stage of his disease. 6. Of the value of preventive over curative measures.

We have space for only a few passing remarks on these fundamental points, essential in the nature of things to success in treating all forms of insanity. Drugs are as useful in mental as in other diseases; but, in the former class, we have, in addition, a most powerful means of influencing the morbid condition. Moral agencies, in the wide sense of whatever affects the patient's state of mind from without, are more direct, speedy and efficient than medicines, and reach the brain through channels as real as those of the blood. The importance of a restriction of mental stimuli, in mania; of a diversion of morbid ideas into new and healthy channels, in melancholia; of mental impressions carefully adapted and graduated to the patient, and his stage of disease, in the stationary phases of convalescence, and in the apathy of depression and partial dementia, cannot be over-estimated.

To rightly use such various and powerful immaterial agencies, requires, as will be readily seen, special experience and skill. It is the highest office of therapeutic art, and demands more than ordinary opportunities of study, to say nothing of natural gifts, to fit the physician for it. The personal influence of a physician, so skilled and equipped, is worth all other means and measures put together.

This being the case, the necessity of hospital treatment becomes apparent. At home, the impossibility of this intimate relation between physician and patient, and this complete control of surroundings is evident. The patient should be taken out of the grooves of his daily routine and family associations, in which his ideas have been for a long time growing morbid, and placed in immediate dependency on his physician, to whom he must learn to look for help, comfort and guidance.

The impossibility of sustaining this relation to a large number of patients, would alone limit the size of hospitals for the insane. Out of three hundred patients, the demands of two-thirds would be only general or occasional, and experience has shown that three physicians can manage that number very well. A smaller number tends to di-

minish the practicability of certain modes of classification, employment, instruction and amusement. The cottage-system reduces the comparatively varied movement of hospital life to the duller level of small boarding-house existence. There is nothing of the family-life about it but the name; and if there were, it is not what the patient needs. It is what he left home purposely to avoid. If he needs home-life, he had better go home at once. A few exceptional cases may enjoy, and benefit by, cottage life; and for such, cottages might be built, in hospital grounds, but the probability of adequate medical supervision diminishes as the square of the distance from the central building.

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CHLORAL AS AN ANÆSTHETIC DURING LABOR.—Dr. W. S. Playfair (*The Lancet*, Feb. 21, 1874), in a lecture on the use of chloral as a means of lessening the pains of labor, states that it has this advantage over chloroform, that it does not seem to diminish the strength and intensity of the pains, while it very markedly diminishes their painfulness. Another recommendation is that it is chiefly applicable at a period when we would not think of administering chloroform—towards the termination of the first stage of labor, before the complete dilatation of the os, and when the sharp, grinding pains perhaps produce more suffering, and are less easily borne, than the more forcing pains of a later stage. In cases, especially common in women of a highly developed nervous organization, in which, before the rupture of the membranes and the complete dilatation of the cervix, the pains are very severe, but short and ineffective, chiefly limited to the back, and producing little or no effect in dilating the os, and in which, after hours of fruitless suffering, we are accustomed to exhibit an opiate to our patient, expecting that, after some hours of refreshing sleep, the labor will recommence with fresh vigor and effect—in such cases, if chloral is administered, instead of the opiate ordinarily employed, the probabilities are that the same refreshing rest will be obtained without any suspension of the pains or protraction of the labor. The thin and rigid cervix which is often found in such cases will frequently relax and dilate rapidly under the influence of this remedy.

Not only in abnormal labors may chloral be advantageously employed, but it may be given in those which are natural, for the purpose of lessening the sufferings of the patient. When judiciously given, the patient falls into a drowsy state, not quite asleep, but nearly so. She is roused as a pain begins, but suffers comparatively little. The chloral does not appear in any way to predispose the patient to post-partum hæmorrhage.

Dr. Playfair gives fifteen grains of chloral for the first dose; this he repeats in twenty minutes, and usually after the second dose enough has been taken to bring the patient sufficiently under the influence of the remedy. Its further administration must be regulated by its effects. If the patient is drowsy and relieved, a third dose need not be given for three quarters of an hour or an hour; and then half the quantity will probably suffice to keep the patient in a sufficiently somnolent state. It is seldom necessary to give more than a third dose; and Dr. Playfair has never given more than a drachm of chloral during the entire labor.

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FALSE MEMBRANE OF THE STOMACH.—Dr. Currier reported, at a recent meeting of the Burlington Medical Club, that, in 1870, there was sent to him for examination a specimen of false membrane of the stomach, forming a perfect cast of the interior of that organ. It had been vomited, in the morning of the day upon which it was received, by a man, aged about sixty, a painter by occupation, who had for some time previous been affected by what was considered to be dyspepsia, but not severe enough, however, to interfere with his daily work. Upon placing the cast in water, its form could be distinctly seen, and no doubt existed as to its origin.—*Vermont Medical Journal*.

### Bibliographical Notices.

*A Treatise on the Diseases of the Eye.* By J. SOELBERG WELLS, F.R.C.S. Second American, from the third English Edition, with Additions. Philadelphia: Henry C. Lea. 1873. Pp. 836.

THE success which Mr. Wells's work has met with, and which has led to the issue already of a third English, and a second American edition, and its translation into French and German, has been well deserved. Of all the numerous treatises on the eye which exist, this possesses qualities which must specially recommend it to the general practitioner who wishes to know something of the cases he certainly will be called on to give an opinion about, if not to treat, or as a text-book for the student. The style is clear, simple and straightforward; the manner in which the different subjects are treated is eminently practical, and the discussion of varying views as to details, which, valuable as it might be to the specialist, would only embarrass the physician, who has neither time nor opportunity to study the subject at length, is as much as possible avoided.

In that portion of the work treating of the refraction and accommodation of the eye, the author has succeeded in presenting these subjects, within the necessarily brief space allotted to them in a general treatise, much more clearly and comprehensively than has generally been the case in similar treatises. The importance of this branch of ophthalmology is still in general too little appreciated.

In the present edition, many additions have been made giving the results of more recent investigations. The American Editor, Dr. Hays, has added numerous illustrations and a few notes, the most important of the latter being that on pages 673 and 674, concerning the treatment of stricture of the lachrymal passages, in which the treatment recommended by Mr. Wells is unnecessarily severe. The chromo-lithographs, purporting to be copies from Liebreich's Atlas, leave much to be desired in point of accuracy and execution. The paper and type are very good.

O. F. W.

*Katy Did, and Katy Didn't. An Inquiry concerning Priority in the Ligation of the Internal Carotid Artery.* By WILLIAM K. BOWLING, M.D., Emeritus Professor of the Theory and Practice of Medicine in the Medical Department of the University of Nashville. Nashville, Tennessee, 1874. Pp. 20.

CLAIMS for priority in matters pertaining to operative surgery, unless the title to some broad generalization is at issue, and for the invention of splints or apparatus, denote a small mind, a feeble ambition, and a narrow professional aim.

The pamphlet with the title above given, discusses a claim for priority in the application of a ligature on each side of the lesion in a bleeding internal carotid artery. In neither of the two cases which are reported did the operator know, until after the operation was completed, that the vessel round which the ligature had been passed was the internal carotid. He had simply dealt with a severe arterial hæmorrhage according to well-established surgical rules. Practical surgeons who read this paper will be ready to exclaim with M. Jourdain, "*Quoi, quand je dis 'Nicole, apportez moi mes pantoufles et me donnez mon bonnet de nuit,' c'est de la prose?*" and, with equal surprise, will receive the answer of the *maitre de philosophie*, "*Oui, Monsieur.*"

Long ago, Velpeau said that, in a case of wounded internal carotid artery, the vessel should be tied above and below; and that, because, in exceptional instances, it had proved successful to tie it only below, there was no reason why the grand rule of surgery in such circumstances should be neglected.

Incidentally, the writer of this pamphlet takes occasion to slur at any claim for originality being made by the late Dr. Twitchell, of Keene, N. H.,



for his ligation of the common carotid artery in 1807. When this venturesome step was taken by the unassisted country practitioner, few large vessels had been tied, and it was generally believed that this particular ligation would inevitably be followed by death. Dr. Twitchell, who certainly was ignorant that the operation had already been performed, was led, by *experiments on animals*, to believe that it could be safely done. He tied the artery when opportunity offered, and saved a life. This would have been a just and honorable cause for a claim of priority, had it been made, which was not the case; and, as a commentary on discussions like the one now being noticed, we quote from Dr. Bowditch's memoir of this distinguished surgeon the statement, that Dr. Twitchell's "unwillingness this case should be published was partly for the reason that the operation had been forced upon him by circumstances which left him no option."

In our Editorial capacity, we shall be excused, if, before concluding this notice, we copy Professor Bowling's tribute to medical journals, fragrant as it is with the rhetoric of a southern clime:—

"The great libraries contain a collection of all medical publications, flowing through legitimate channels, from that which humbly trickles down the mountain side, mirroring the daisy and offering drink to the bonnie lark, to that which rolls its interminable length along the lowland plain, refreshing cities and villages and hamlets, embosoming half the sky, and carpeting with green a landscape bounded in every direction by the horizon. The rill and the Amazon alike find their way to the ocean; so likewise a medical journal from the wilderness of trees and cascades, enlivened by singing birds and frisking squirrels, and made awfully grand by armies of buffaloes, in stately and silent march to 'the springs,' find ultimate companionship with that from a wilderness of chimneys and masts and streets and wheels and people, in a common library. Search, and ye shall find, is the law here as elsewhere."

#### BOOKS AND PAMPHLETS RECEIVED.

The Anatomical, Pathological and Surgical Uses of Chloral. By W. W. Keen, M.D., Lecturer on Anatomy at the Philadelphia School of Anatomy. Philadelphia: J. B. Lippincott & Co. 1874. Pp. 19.

Special Rules for the Management of Infants during the Hot Season, recommended by the Obstetrical Society of Philadelphia to the thoughtful attention of the Mothers in Philadelphia. 1874. Pp. 8.

Transactions of the Fourth Annual Session of the Medical Society of Virginia. 1873. Pp. 124.

Embolism of the Arteries of the Extremities. By Samuel B. Ward, A.M., M.D. (Reprinted from the New York Medical Journal, March, 1874.) Pp. 18.

MEDICAL UTOPIA.—"I have an abiding faith in the unlimited possibilities of medical science. The day will come when physicians shall be familiar with the chemistry of diseases; when they shall know the exact poisons that produce them, and their antidotes; when they shall look upon the cure of maladies as simply a series of chemical problems and formulas; when they shall melt down all calculi and necrosed bone chemically, and not remove them by surgical operations; when hæmorrhage shall be arrested, not mechanically, but by the simple application of gases and washes; when wounds shall be swiftly healed by first intention; the ravages of tubercle shall be stayed; fevers and inflammations shall be blotted out; when all morbid growths may be melted down; cancer cured; when all morbid organic germs may be destroyed; when contagion may be annulled—and thus the average duration of human life shall be lengthened, so that the ancient prophecy may begin to be fulfilled: 'The child shall die an hundred years old.' With *force, matter, mind*—the trinity of humanity—what may not be accomplished?"—Address of Dr. DE LASKIE MILLER, in the *Chicago Medical Journal*.

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**Boston Medical and Surgical Journal.**

BOSTON: THURSDAY, APRIL 30, 1874.

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ANOTHER scheme for improving the laws relating to insanity has been before the legislature this spring, aimed at fancied abuses in insane asylums. It is noticeable that such reforms are seldom asked for by the relatives or personal friends of the insane, or by physicians, who, in the nature of things, are most likely to be watchful of their true interests. Usually, some formerly insane or unsound individual, with the encouragement, perhaps, of a few professional philanthropists, is the prime mover, and the success of such efforts is due to sympathy on the part of legislators and misplaced confidence in statements often plausible, but generally false or exaggerated.

In the present case it is a lady, who, retaining for several years the wrong impressions and prejudices often the sequelæ of acute insanity, has appealed for reform. Her plan proposes a new supervisory board, or the reorganization of the Board of State Charities, by the addition of women, and giving it new powers of control and inspection. It provides for the unexpected visitation of hospitals for the insane, and for locked mail-boxes in each ward, with a liberal supply of stationery to each patient. The correspondence of patients is to be removed from the supervision of the physician and made free, or subject only to inspection by the board. This judicious plan only needs to be extended, so as to furnish each patient with a rope and a razor, to complete its beneficent work! Supervisory boards should also at once be appointed to visit our general hospitals at unexpected intervals, to remove the bandages from all broken limbs, lest some surgeon should have wickedly imposed restraint on a sound leg or arm!

Such interference with the physician's control of his patients' relations to the outer world would, in some cases, be fatal to all hopes of cure. As to its general effect, it may be said that patients, daily solicited to pour out on paper those morbid ideas, feelings and complaints it is the effort of the physician to suppress, might as well be relieved at once from all restraint and put on a par with their sane but deluded fellowmen outside. Such a law would be a hard blow to any superintendent's self-respect. He, with relatives and friends, watches the patient's interest with a jealous eye. His reputation is already at the mercy of attendants, visitors, convalescent patients, and sharp-eyed lawyers in want of briefs. He is watched also by his board of trustees, and, in this State, by a general board of charities. The ques-

tion naturally arises in hearing of the supervisory complications proposed, "Who will watch the new board?"

We are glad to be able to state, that this effort at amending the law has resulted only in a provision allowing patients to write once a month to the Board of State Charities, a permission not calculated to do much harm—or good.

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Two cases of very different natures, but which may both be classed as human vivisections, have lately come to our notice. The horrible details of the finding of the mutilated body of a child but four years old, when killed by wanton tortures, are familiar to our New England readers, as are, also, the circumstances of the arrest and examination of the boy Pomeroy, the alleged murderer. He was (shall we say criminally?) liberated on probation last February from the Reform School, where he was serving a sentence for numerous similar crimes, in consequence of which more than one, we believe, of his infant victims perished miserably. We are prepared to hear much trash about "undeveloped moral faculties," "delusional insanity," &c. &c., but we confess we are shocked at the disgusting effusions which have already appeared in the papers about the "sympathy," forsooth, which this hopeful young gentleman so naturally inspires, and the means to restrain him in future. We wish to protest, at the beginning, against this wicked sentimentality, which is responsible for the death of his last victim, an only child. We would ask why, if found guilty, is he not to be hanged? We do not desire this consummation for the sake of punishment, nor solely for the sake of example, but for the safety of the children of the Commonwealth. If he be condemned to imprisonment for life, some "large-hearted philanthropist" will not fail, sooner or later, to procure his release. And then, as sure as the sun will rise, he will return to his amiable idiosyncrasies, and future parents will curse the "humanity" which shall condemn their children now unborn to be killed in torments.

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The second case is not known outside of professional circles. The details will be found in the April number of the *American Journal of Medical Sciences*, reported by the operator, Dr. Bartholow. A woman, thirty years old and of feeble intellect, was admitted to the Good Samaritan Hospital, in Cincinnati, on account of an epithelioma, which had destroyed some two inches of the top of the skull, leaving the dura mater exposed. Dr. Bartholow, anxious to repeat on the human subject the experiments of recent investigators of the functions of the brain, proceeded to apply powerful galvanic and faradic currents to the dura mater and to the substance of the brain by needles of

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various lengths insulated to near the points. Dr. Bartholow does not accuse himself by excuses. He naively remarks: "As portions of brain-substance have been lost by injury, or by the surgeon's knife, and as the brain has been deeply penetrated by incisions made for the escape of pus, it was supposed that fine needles could be introduced, without material injury, into the cerebral matter." We have not space to describe all the interesting experiments which, on this "supposition," were undertaken; but we will give "*Observation 3, to test faradic reaction of the posterior lobes,*" in the operator's own words:—

"Passed an insulated needle into the left posterior lobe so that the non-insulated portion rested entirely in the substance of the brain. The other insulated needle was placed in contact with the dura mater, within one-fourth of an inch of the first. When the circuit was closed, muscular contraction of the right upper and lower extremities ensued, as in the preceding observations. Faint but visible contraction of the left orbicularis palpebrarum, and dilatation of the pupils, also, ensued. Mary complained of a very strong and unpleasant feeling of tingling in both right extremities, especially in the right arm, which she seized with the opposite hand and rubbed vigorously. Notwithstanding the very evident pain from which she suffered, she smiled as if much amused.

The needle was now withdrawn from the left lobe and passed in the same way into the substance of the right. When the current passed, precisely the same phenomena ensued in the left extremities and in the right orbicularis palpebrarum and pupils. When the needle entered the brain-substance, she complained of acute pain in the neck. In order to develop more decided reactions, the strength of the current was increased by drawing out the wooden cylinder one inch. When communication was made with the needles, her countenance exhibited great distress, and she began to cry. Very soon, the left hand was extended as if in the act of taking hold of some object in front of her; the arm presently was agitated with clonic spasms; her eyes became fixed, with pupils widely dilated; lips were blue, and she frothed at the mouth; her breathing became stertorous; she lost consciousness, and was violently convulsed on the left side. The convulsion lasted five minutes, and was succeeded by coma. She returned to consciousness in twenty minutes from the beginning of the attack, and complained of some weakness and vertigo."

*Observation 4* was similar, but less severe. Two days later, the patient was brought down for similar experiments with the galvanic current; strange as it may appear, "she was pale and depressed, her lips were blue, and she had evident difficulty in locomotion." Presently, she had rhythmical convulsions of the right side of the neck and of the right arm. The experiment was abandoned. The next day, she died. The autopsy showed great congestion of the brain, and purulent exudation on the left side. There was a thrombus in the longitudinal sinus, which lay nearly in the centre of the ulcer. The inflammation was greatest at points not at all touched by the needles, but their

tracks were marked by lines of "diffuent cerebral matter." We are inclined to agree with Dr. Bartholow that the immediate cause of death was the spread of the original disease, and probably it could not have been averted, but the experiments strike us as sufficient to destroy any chance that may have remained. Nothing can excuse this cruelty and recklessness to a weak-minded patient, who enters a charitable institution in search of relief, or, at least, of a quiet death. No one can accuse us of sentimentality, but we have a conscience which tells us that we should not pass this by without expressed condemnation.

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CHARCOT ON THE DIAGNOSIS OF HYSTERO-EPILEPSY FROM TRUE EPILEPSY.—The *London Medical Record*, March 18, 1874, states that M. Charcot, in a recent clinical lecture, called attention to the traits which distinguish hystero-epilepsy from true epilepsy. In the former, the attack is announced by premonitory symptoms of rather long duration. In every kind of hysteria that can be called ovarian, these premonitory symptoms consist in an aura starting from the ovarian region, and reaching successively the epigastrium, the neck, and finally the head. These curious premonitory phenomena are wanting in epilepsy, in which the premonitory symptoms are sensations in altogether a different part, which ordinarily precede the attack by only a few seconds.

The cry of the hystero-epileptic at the moment of the fall is generally prolonged and modulated; it can hardly be confounded with the short cry of the epileptic. When the patient has fallen, the symptoms in the two affections are much alike during the convulsion. But the differences soon re-appear; at the moment when the epileptic is seized with a snoring which recalls apoplectic stertor, the hystero-epileptic seems, on the contrary, to wake up, sometimes to return to the former condition, sometimes to offer a succession of symptoms making, in some way, a new period, which might be called the period of contortions. These contortions vary with different patients, and are succeeded by delirium relatively quiet, one of the characteristics of which are hallucinations of sight and hearing. They hear bells and voices, &c., and see every kind of animal, and try to escape from these imaginary beings.

The delirium, which at this point resembles delirium tremens, is quite different from epileptic delirium, which consists mostly in maniacal excitement, accompanied sometimes by extreme violence, and of a gloomy character, which renders the patient very dangerous.

If it be a woman who is threatened with an attack the nature of which is doubtful, compression of the ovary will contribute to clear up the diagnosis; if there be no effect, then one has to do with an epileptic; in the hystero-epileptic, though the ovary may be but slightly affected, it will produce, if not always a complete arrest of the attack, at least a modification, more or less marked, in the symptoms.

Sometimes the attacks are connected in a series and produce, in the one case, a state of hystero-epileptic disease, in the other of epilepsy. In these cases, thermometry is of importance. In the epileptic in a state of disease, the temperature rapidly attains a great height, 40°, 41° and even 42° Cent. After many attacks of hystero-epilepsy, the temperature is the same as it is at the end of the first attack.

Besides the convulsive accidents, there are others which facilitate the diagnosis. Epileptics are irascible, subject to impulses which make them dangerous. Hystero-epileptics are capricious, fantastic, but on the whole are hardly dangerous. Vertigo, which is so frequent in the interval of the attacks of epilepsy, has not its representative in hystero-epilepsy.

As to the intellectual faculties, the hystero-epileptics preserve them as they were originally; the epileptic, if the disease is intense, loses his intelligence every day, and he at length falls into a kind of stupor which generally ends in dementia. These marks, says M. Charcot, will suffice in general to separate clinically two affections of which the prognosis markedly differs.

## The Hospitals.

### MASSACHUSETTS GENERAL HOSPITAL.

(Wednesday and Saturday, April 15 and 18, 1874.)

OPERATIONS were performed in the following cases:—Stricture of the Urethra, Tumor of Neck, Abscess, Hare-lip, Exostosis of Orbit, Hypertrophied Tonsils, Fish Bone in the Oesophagus, Deformity of Leg. During the week, Strangulated Inguinal Hernia, Necrosis, Epithelial Cancer, Fistula and Fissure, Epithelial Cancer, Dislocation at the Elbow-joint, Lacerated Hand, Foreign Body in Hand.

*Stricture of Urethra*—of gonorrhoeal origin and eight years' duration, in a man forty-six years old. Frequent attacks of retention have always been relieved by the catheter, except in one instance, when the bladder was punctured over the pubes. A retention on admission was relieved by a hot bath and an opiate. Under ether, a tight and unyielding stricture was found in the membranous portion of the urethra, which barely admitted the smallest-sized whalebone bougie. A number of false passages, the result of previous catheterization, impeded the passage of any instrument, and it was only after an hour of careful manipulation that the smallest guide of Voillemier could be made to engage its point in the stricture, but not to enter the bladder. As the patient could pass water sufficiently for his comfort, further measures were deferred until a certain amount of dilatation by bougies had been accomplished.

*Tumor of Neck*—in a boy twelve years old. A recurrent growth of the size of a walnut, located beneath the skin, just behind the angle of the jaw. It was excised by Dr. Clark.

*Abscess*—of the face, following the extraction of a tooth, and situated midway between the angle and symphysis of the lower jaw. Opened by Dr. Clark.

*Hare-lip*—in an adult. The fissure had been operated on in Ireland about eleven years since; union had taken place only at the border of the lip. The remaining deformity, an opening from the nostril downward, illustrated the propriety of an early removal of the sutures, since it appeared that, at the time of the original operation, they had been left twelve days, and were clearly a cause of the untoward result. The edges of the opening were refreshed, and united by a large number of fine silk sutures.

*Exostosis*—of the frontal bone, in a woman forty-two years old. It was of the size of a walnut, of four years' growth, at times quite painful and located on the superior margin of the orbit, external to the supra-orbital notch. Dr. Cabot cut down upon the projection and removed it with bone forceps.

*Hypertrophied Tonsils*—in a girl five years old. Excised with the tonsillotome.

*Fish Bone in the Oesophagus*—of a woman. Removed by the bristle probang.

*Deformity of Leg*—of two years' duration, in a boy five years old; resulting from disease, and consisting of extreme flexion of the knee-joint, with dislocation of the head of the tibia backward; the latter was so much displaced that it had drawn the patella downward between the condyles of the femur, completely obscuring its outlines. The patient being etherized, the leg was extended and then bandaged to a straight splint. With such an amount of deformity, it was thought exceptional for the head of the tibia to



maintain its relations with the condyles during extension, without division of the hamstring tendons.

*Strangulated Inguinal Hernia*—in an old man, who had been ruptured for many years. On entrance, he was in a state of collapse, and able to give only an imperfect account of himself. There was a small, irreducible tumor in the right inguinal region, and he presented symptoms such as would be expected in a case of strangulated hernia. No attempt at taxis was made. On opening the hernial sac, which was old and much thickened, its cavity was found to be filled by a thin and distinctly defined cyst formed in the walls of the peritoneal lining, containing a clear, transparent fluid. It was in size about equal to that of a filbert. There was no intestine or mesentery in the sac. The patient died, without reaction, twelve hours after admission. At the autopsy, there was found a perforation of the small intestine in the centre of a portion of the ileum, about four inches in length, which bore the marks of strangulation, and which had been returned to the peritoneal cavity before the patient's entrance. The irreducible tumor consisted of the cyst mentioned.

*Necrosis*—of ten years' duration, in a man twenty years old. The disease involved the lower and inner portion of the shaft of the femur; fistulous openings on the inner and outer aspects of the thigh communicated with an extensive surface of denuded bone in close relation with the femoral artery and the cavity of the knee-joint. The sinuses were laid open, but non-interference with the bone was thought advisable for the present, as the sequestrum was not loose, and the extensive operation which would be required for its removal not justified by the discomfort of the patient's condition.

*Epithelial Cancer*.—The disease consisted of an ulcerated surface as large as a cent, on one side of the bridge of the nose in an elderly man. Excised, and covered by a flap transplanted from the cheek.

*Fistula and Fissure*—of the anus, in a woman. The fistula, which did not communicate with the rectum, was laid open by Dr. Clark, and the sphincter ani ruptured.

*Epithelial Cancer*—of the lower eyelid; a superficial ulceration, not involving the cartilage, in a woman fifty-three years of age. Excised and edges of wound brought together by stitches.

*Dislocation at the Elbow-joint*—in a man thirty-one years old, caused by being caught by the belt of a revolving shaft. The radius was dislocated outward and the ulna backward; there was also a simple fracture of both the radius and the ulna in their upper thirds. The dislocation was reduced and the limb bandaged to an internal angular splint.

*Lacerated Hand*—in an adult, the result of a planing-mill accident. Amputated through the middle of the metacarpal bones, the flaps being taken from the dorsum of the hand and fingers.

*Foreign Body in Hand*.—A piece of steel was thrown with sufficient force to imbed itself deeply in the back of the hand, wounding the veins, from which there was severe hemorrhage. The wound was enlarged, the foreign body extracted and the bleeding vessels tied. H. H. A. BEACH.

### BOSTON CITY HOSPITAL.

THE surgical operations last Friday, April 24th, were as follows:—

Dr. Homans Amputated the Thigh of an adult male patient. The man fell from a staging on the tenth of January last, the accident resulting in a compound fracture of the tibia and fibula and in dislocation of the hip on the same side. The dislocation was reduced immediately after entrance to the hospital, but the patient refused amputation of the leg. Subsequently, there was great inflammation of the limb, the suppuration extending above the knee and into the soft tissues of the thigh. The patient having nearly recovered from this condition, and there being no attempt at repair in the fractured bones, amputation of the thigh was performed, the section being in the middle third, with long anterior and posterior flaps.

Dr. Williams operated in a case of Convergent Strabismus in a child. The strabismus affected both eyes, and the tenotomy was accordingly double. The conjunctiva was incised below the meridian line of the eye, and a stitch was taken in the incision, both to promote the prompt healing of the wound and to prevent the reunion of the divided tendon too far back.

Dr. Williams removed a Chalazion from the lower lid of an adult patient.

He also showed a child affected to a very marked degree with Ecchymosis of the conjunctivæ and of the lower lids, the result of whooping cough. The condition was unusual in degree, the extravasation being general outside the corneal limits. No treatment was needed, as there was no inflammatory action.

Dr. Homans operated in a case of Necrosis of the head of the Tibia, the patient being a young woman. The disease appeared ten months ago, the symptoms being local pain and swelling. Three months ago, the swelling was incised and some dead bone removed, with temporary relief. The original symptoms had now returned. The diseased part was exposed by a crucial incision, and considerable carious bone removed by means of the gouge. The wound was left open.

Dr. Williams performed a secondary operation on the patient for whom iridectomy was done last week. The operation for artificial pupil had resulted successfully, without consecutive inflammatory action, but the opening through the iris now disclosed the fact that the capsule of the lens hung like a veil behind the new pupil. The accident (an explosion of gunpowder) had ruptured the capsule, and the lens had been absorbed by the aqueous humor, leaving the envelope behind. The removal of this capsule, through an incision in the upper segment of the cornea, left the field of the artificial pupil free.

F. W. DRAPER.

## Correspondence.

### LETTER FROM PHILADELPHIA.

[From our Regular Correspondent.]

PHILADELPHIA, April 8, 1874.

"THE man who would scruple to make a pun would not hesitate to commit a burglary."—*Anonymous*.

"The seeds of punning are in the minds of all men."—*Addison*.

"It is to be observed that feeling, or pity, or commiseration, or grief, are not to stand in the way of a pun—that personal defects are to be made available, and that sense, so as the sound answers, has nothing to do with the business."—*Theodore Hook*.

But what is to be done with the wretch who ruins a pun for you?

The bond which connected the Siamese twins, because of its lucrative worth to them, was so truly suggestive of *coupons*, that one of my share of those seeds which Addison finds in the minds of all men, burst into a poor scentless blossom, and led me, in my last letter, to remind you that this "*Siamese bond*," unique in its commercial value, had supplied the twins with *coupons* for many years. But your compositor! He is an anti-punster! "The incarnation of the spirit of intolerance—his singleness of apprehension cannot stand the shock of a double meaning." Hence he unmercifully made me say that the "*band*" had supplied the twins with coupons. True, in a sense which not only murders my poor pun, but degrades me into a public use of slang—a commodity which I employ only in the strictest and most domestic privacy. I forgive your compositor; and, as evidence of good feeling, will give him another chance, as follows:—

A lady friend of mine recently suffering the tortures of dyspepsia and its frequent acolyte, constipation, was asked by a sympathetic sister, "Do you ever knead your bowels?" The invalid meekly replied, "I can't very well do without them." Both ladies, being wits, saw the unintentional hit, and

the resulting burst of merriment effectually chased the blue devils from the dyspeptic. Not a useless hint in the treatment of dyspepsia.

Besides the havoc created by your type-setter, I find that the closing paragraph of my last letter to the JOURNAL roused the ire of the *Philadelphia Medical Times* into refutation of my echo of the report, heard and read on all sides, that the remains of the Siamese twins would be "carried through the States on exhibition." The *Times* wields a trenchant pen. I therefore feel duly grateful that I am not the author of this report, and appreciate the recognition of this fact by the *Times*. The Editor mildly terms the report an "atrocious libel"; nevertheless, I feel that I have had a narrow escape. A son of each twin has been in town during the past week, and I am seriously glad to be able, not only to deny the above report, but to tell you how deeply and tenderly these young men were attached to their fathers. They were both absent from home when the twins died, and the real truth proves to be that the objections of the widows to the removal of the bodies of their husbands were overcome only with the greatest difficulty. If the young men had been at home, the College of Physicians would never have made the *post-mortem* examination of the famous ligament. I sincerely thank the *Times* for believing in my readiness to correct an unjust report. I do so with the utmost heartiness.

At a meeting of the College of Physicians, held last week, Dr. Harrison Allen, of the Twin Commission, re-presented the official report of the autopsy, together with twenty-six drawings of the ligament, at various stages of the dissection, of the livers, spleens, &c. But, since the report (now very much detailed) and the drawings will soon be published *en brochure*, I will say no more about it. I may add to my former letter, that Eng's liver was not displaced to the left, as at first stated. Imagine the twins standing face to face—their true congenital position. The left and right lobes of their respective livers would then be opposite each other and normally situate. This was just their position. The bridge of hepatic tissue linking the two organs proceeds from longitudinal fissure to longitudinal fissure, surrounded by the suspensory ligament. The histological character of the bridge you will learn from the details soon to be published. The spleens are remarkable in presenting precisely the same shape and same peculiar anatomical feature, viz.: a deep sulcus which crosses each spleen in a diagonal direction. Yet one organ is much larger than the other.

The sons of the twins have removed the bodies of their fathers to North Carolina.

The yearly commencements of the medical schools of Philadelphia, the alumni suppers, the parties complimentary to successful essayists, &c., have taken place since I last wrote you. The University and Jefferson College Medical Schools held their commencements, on different days, of course, in the Academy of Music. These affairs create much interest. There being, on these occasions, a great demand for seats, the large audience assembles an hour before the exercises begin, and is meanwhile entertained by an orchestral concert. At the appointed hour, the faculty, board of trustees and alumni, having entered the building by the stage door, march upon the stage to appropriate music. Quiet obtained, a prayer is offered by a clergyman. The dean of the faculty then reads the names of the graduates in alphabetical order. The graduates occupy reserved seats in the parquet. Each man responds to his name by going upon the stage, where he takes his stand by the side of his antecessor, until the line stretches the entire width of the stage. The president of the board of trustees then makes a formal and general presentation of diplomas in Latin, one repetition of the formula answering for the whole line of graduates. The college janitor then gives a diploma to the man at the head of the line, who passes it to the man beside him, he to the next, and so on to the end. This parchment is made to act as the proxy of the whole quantity of diplomas, which are afterwards distributed to the graduates at the college, without formality, by the janitor. The regulation formality gives the diploma, which serves at commencement, an end-over-end motion as it passes from hand to hand, and thus each man is presented with

his parchment. One line of graduates having been disposed of, another is called. Same Latin formula; same revolving of the parchment, &c., until the graduating class becomes commissioned. Then follows a valedictory by one of the professors.

Finally, the great heaps of bouquets, baskets, wreaths and other ornamental designs of flowers, which all this time have occupied conspicuous places upon the stage, are given away. Besides these fragrant gifts, are cases of instruments, books, pictures, &c., all gifts of friends, and intended either for graduates, professors or quiz teachers. To each object is attached a card bearing the name of the recipient. Members of the quiz-combinations read these names aloud, and the fortunate ones come forward to receive their gifts. These exercises are varied by interpolation of orchestral music.

At the Jefferson College commencement this year, there was also an award of prizes for essays. Last year, each professor offered a prize of fifty dollars for the best thesis on any subjects relating to his branch. There was, too, a general prize of one hundred dollars for the best essay on any medical subject. This united offer on the part of the faculty appeared to be fruitful, since several prizes were awarded. Another pleasant feature of the occasion was the presentation to the board of trustees, by the alumni, of a fine half-length portrait, in oil, of Prof. Joseph Pancoast, now retired from the faculty. The graduates are assessed a small amount each toward defraying the expenses of commencement day. These exercises, as you may imagine from my hasty sketch, are nothing but delightful to the graduates and their friends.

On the evening of commencement day, or of the day following, one of the faculty entertains the graduating class at his house, giving them an abundant and elegant supper. It were superfluous to add that on these occasions no anorexia exists on the part of the guests. Both the University and Jefferson College graduated large classes this spring—the former sending out 121, the latter 151, new M.D.'s.

The Hahnemann Medical College graduated a class of 27 members against a class of 47 in 1873. It is a pity the homœopathic classes are not as infinitesimal as their doses. A loss of nearly fifty per cent. in one year, however, is encouraging.

The long-expected, anxiously-awaited, hotly-contested election of a new professor to the chair of anatomy in Jefferson College came off last evening. Sixteen ballots were taken before the chair was filled. Dr. Wm. H. Pancoast, son of the Emeritus Professor, was the successful candidate.

Dr. Wm. Pepper, almost contemporaneously with the German clinicians, and quite in ignorance of European experiments, has been testing the virtue of injections of Lugol's solution into pulmonary cavities. You may have seen his paper on the subject in a recent number of the *Philadelphia Medical Times*. The spiritualists hold that all new and valuable inventions and discoveries originate in heaven, from whence they are simultaneously conveyed into minds blessed with proper receptivity, in various parts of the earth. Who knows? One vainly wonders how this broadcast sowing of the same idea comes about.

I promised you details concerning Dr. Weir Mitchell's treatment of nervous diseases. As yet I do not feel satisfied with the amount of material which I have gathered, but let me give you one case typical of Dr. Mitchell's keen-sightedness, his accuracy in diagnosis, his firmness in treatment. Not long ago, a young lady was brought from Rhode Island to Philadelphia on a bed to which she had been confined for many months. In her behalf, the medical experience of Rhode Island had been exhausted. Dr. Hammond had been called from New York; he advised longer tarry in bed. Brought to Philadelphia, Dr. Mitchell was called. He made three visits before he began treatment. The peculiarities of the young lady's case were spinal weakness and inability to straighten the lower extremities, which were kept chronically drawn up. At his fourth visit, Dr. Mitchell requested his patient to straighten her limbs. "But I can't." "But you can. Are they never straightened at night?" "Yes, Doctor. No one ever before asked me that

question." The physician with but little difficulty succeeded in extending the patient's limbs. "Now be kind enough to sit up." "But that is impossible. I haven't been able to do it for two years." "You are able now. Please sit up." Patient sat up. "Bring her wrapper, hose and slippers, and put them on. Put on a neck-tie. Belt her waist. Now I wish you to stand." The patient, dumbfounded by such unheard-of demands in her disabled condition, began to cry. "Good morning," said the Doctor, taking his hat. "Where are you going, Doctor?" "I am going away. I never attend patients who do not obey me." "Come back, Doctor, I will obey you." "Then, please stand up." She stood up. "But, Doctor, it makes me so dizzy!" "I expected it. Take my arm." She took his arm. He led her slowly out of the room, down stairs, out of doors. She returned without aid, and *did not go to her bed again*. She was cured, or rather conquered, for this was a case of hysteria, and in this manner Dr. Mitchell treats his hysterical patients, but, of course, does not always meet with success so sudden. He is never unkind, never rough, but inflexible, quick in manner, decided in speech, yet gentle and exceedingly polite. It need not be said that a physician must have a brilliant reputation behind him in order thus to brow-beat hysteria.

A second lady came to Dr. Mitchell. Her nervous force was simply exhausted, or, as Dr. Mitchell expressed it, "her two batteries were no longer able to supply the necessary stimulus." She came, or was brought, from Maine, ready to undergo tortures, if the Doctor ordered it. Anything in order to be helped. "I am going to give you a hard task. I wish you to lie in bed for two months. You are not to speak. You are not to *lift your head* for any purpose whatever. You are to be fed, bathed, dressed, moved, like an infant. If you wish to turn on your side, the nurse will move you. You are not to lift your head from the pillow until I permit it. When the bed linen is renewed, you will be carried to the couch and lifted back to bed again." In short, the treatment consisted in the enforcement of a condition of utter, absolute passivity. For two months, the patient was simply a breathing statue. At the end of that time, she was buoyant, strong, well. Dr. Mitchell's treatment of locomotor ataxia is similar to that used in this case. It is the requirement of *absolute rest*, and it succeeds. Dr. Mitchell believes there is no other rational treatment for this lesion.

UNGENANT.

#### LETTER FROM RUSTICUS.

DOWN EAST, April 10, 1874.

MESSRS. EDITORS.—I occasionally come across some new article of medicine as I turn the leaves of your JOURNAL. In one of the last numbers, there were two things spoken of which must be of great value. One of them, was a substitute for cod-liver oil. I told one of my patients, who hates oil, that somebody had got up a "caoutchouc electuary." Well, I had to explain how to mix the thing with turpentine and sugar and honey. "But," says she, "if it'll cure it, it 'ud prevent it, and I don't believe anything of the kind. I chewed injy-rubber, and I chewed pitch, up to the time that I was took sick, and you know we always raised our own honey." I didn't care much whether she tried it or not, only I haven't been able to find her any variety of medicine. I couldn't help thinking, though, how our friends of the Boston University might take advantage of her experience as a "proving." This poor girl always chewed rubber and pitch, and eat honey, till, finally, she's got consumption, and now refuses to eat the same dog's hair. I suppose if they get hold of Dr. Varick's prescription, they'll say: "We knew it before. We've always rubbed out every mark of tubercle with it. Caout.<sup>6000</sup> is sure, just as Natron Mur.<sup>10000</sup> is sure to cure sick-headache. No matter if you do eat salt with your food in abundance. The salt you eat isn't the one ten thousandth dilution, any more than a junk of rubber or a whole shoe is Caout.<sup>600077</sup> There's no way of getting round these fellows.

You tell them that mercury isn't soluble in alcohol, or that you can't make a saturated solution of pure paving stone, and you get the knock-down answer—"According to *our* system, everything is soluble in alcohol, and you can make a saturated solution of anything."

Number two was the novel use of the stomach-pump. The doctor passed the pipe into the rectum, and used it as an "aspirator." Now, I suppose most of your readers have seen or heard of using a pair of old fashioned bellows for this same purpose, and, in later days, of using a common elastic rubber syringe. I have cleaned out several bowels so. When you come to use the stomach-pipe in that way, it seems rather too much like shifting end for end. But then—a man shouldn't take poison. If he didn't, he wouldn't have to use the same pipe.

What is the harm in eating new bread? I find that some folks eat it all their days, and never feel the worse for it. Most people, I find, become troubled by it in time. Indigestion, with its usual disagreeable attendants, is the rule. There are two sets of these dyspeptics; one is made up of the large butter eaters, who take the new bread hot enough to melt the butter, which then becomes very indigestible. The second class are those who bolt new bread without much chewing. They can't do this with stale bread, and I believe if they chewed the new bread as thoroughly as they are obliged to chew the other, it would do them no more harm.

You will find the same indigestion from eating sweet potatoes. Those who chew them up well have very little trouble therefrom, while most children put huge lumps in their mouths, and swallow the mouthfuls with little mastication. These children have swollen bellies, and immense quantities of wind, talk in their sleep, have bad breath, and are very apt to have cholera morbus. Indeed, I think I see more cholera morbus every year caused by sweet potatoes than by unripe or spoiled fruit. Cannot some of your city doctors let us know their experience in this matter?

Yours truly,

RUSTICS.

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#### THE "BASTO" TREATMENT OF FISTULÆ.

BOSTON, April 15, 1874.

MESSRS. EDITORS.—The paragraph under the head of *Medical Miscellany*, in your issue of the 9th inst., relative to the secret remedy of the quack Basto, suggests one or two thoughts. First, there is not much doubt that this fellow Basto had a good deal of success in the treatment of hemorrhoids and fistule. Isn't it worth while to endeavor to discover to what this success was due? The application of caustics in these two affections is no new thing, but Basto may have been able to impart some information as to the proportion of potash to the vehicle, in certain forms of both these diseases. Was there anything in the frequency and duration of the applications, or in any of the details of the treatment, which tended to ensure success?

Now your paragraph intimates that one or two practitioners in this city are in possession of the secret. Of course, they believe that it has unusual merits. Ought we not all to share the benefits thereof, and will you not, on the part of the profession at large, request them to make the whole thing public as soon as possible?

BEACON HILL.

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PHILADELPHIA, April 18, 1874.

MESSRS. EDITORS.—The paragraph in your number of April 16th, on the effects of powerful oratory, does not quite do justice to Mr. Talmage's wonderful gifts; it may be worth while, in a medical point of view, to add the additional facts given by the *New York Examiner*, viz.: "The young lady, who was from Rhode Island, was of the age of seventy (70), and the fatal seizure took place on the way to the church, so that the venerable deceased did not hear a word of that terrible sermon. There was an inquest, but nothing was said about 'mental excitement.'"

Yours veritably,

W. H. FINN.



# Medical Miscellany.

IN accordance with a new law of Nova Scotia, which goes into effect on the first of May, a fine of twenty dollars a day is incurred for practising medicine without being registered.

FOR VERTIGO, OR DISSINESSE.—Make tents of linnen cloth, and dip them in cinamon water, and put them up into thy nostrills, and they will instantly give thee help to admiration.—*Culpeper*, 1656.

DEATH FROM HÆMORRHAGE CAUSED BY THE BITE OF A DOG.—An inquest was held in the county Tipperary on the body of a poor man who died suddenly; a dog had bitten him in the leg, cutting him severely. He only walked about thirty yards, when he fell, exhausted from loss of blood, and died shortly after.—*The Medical Press and Circular*.

PATHOGNOMONIC SIGN OF PERTUSSIS.—The practitioner may be sometimes consulted on a case of whooping cough, without having the opportunity of witnessing a paroxysm. In such a case, M. Bouchut recommends him to examine the frænum linguæ, which he will always find the seat of a small ulcer in children the subjects of pertussis, or who are on the point of becoming so.—*The Medical and Surgical Reporter*.

DEATH FROM LANCING OF THE GUM.—In the *American Medical Journal*, for April, are given the particulars of the death of a child, fourteen months old, from hæmorrhage occasioned by the lancing of the gum over a molar tooth. The blood oozed from the divided gum for three days, in spite of all efforts to suppress it. The child was well developed, and healthy from birth, and no previous suspicions had been entertained of the existence of a hæmorrhagic diathesis.

ABNORMAL TAPEWORM.—At a recent meeting of the Manchester Medical Society, Mr. Cullingworth showed an abnormal tapeworm expelled by a woman, aged 40, who had passed joints from time to time for a period of two years. The parasite was three yards long, and had a crest, or ridge, running along its whole length, in the middle line, so that each joint, viewed endwise, or in section, appeared three-branched. So far, it corresponded with a specimen in the Middlesex Hospital Museum, and named by Cobbold *tænia lophosoma*; but it differed in one very important point, viz.: that the genital pores were almost universally situated in the centre of the crest of each segment, instead of at the lateral margin.—*The British Medical Journal*, April 11.

DOUBLE SPLEEN AND KIDNEYS.—In a *post-mortem* examination made by Surgeon-Major G. W. Jameson, in the city of Ghazeepore, the following abnormalities were found. In addition to one healthy, well-developed spleen, there was a second smaller one, connected with the abdominal vessels by separate communications of its own, and situated between the ordinary spleen and the liver. The smaller was of a roundish shape, and had a distinct hilus.

Weight of first spleen, . . . . .	9 oz. 1 dr. 6 gr.
“ “ second spleen. . . . .	1 oz. 1 dr. 30 gr.

There were also found four kidneys; two of these were well developed, healthy, and in the usual situation, while the second pair were small, intensely inflamed, and situated lower down than the others. The four kidneys had each their separate arterial and venous attachments and ureters.

Weight of the two normal kidneys . . . . .	5 oz. 4 dr.
“ “ “ smaller “ . . . . .	1 oz. 4 dr. 24 gr.

The bladder was exceedingly small, walls much hypertrophied, and the mucous coat somewhat inflamed.—*Edinburgh Medical Journal*, April, 1874.

**FRACTURE OF THE FINGER FROM MUSCULAR ACTION.**—A man, 55 years of age, in making a back-handed blow at his retreating son, just missed striking him, thereby expending the extreme radial extension of his wrist without meeting with the expected amount of resistance. He immediately experienced great pain and loss of power over the hand, and repaired to the Charing Cross Hospital. It was then ascertained that he had sustained a fracture of the proximal extremity of the index finger of the left hand, the movable fragment of the bone being drawn upwards by the extensor carpi radialis major, and powerfully abducted by the lower fibres of the first dorsal interosseous muscle.—*The British Medical Journal*, March 28.

**DECLINE OF HOMŒOPATHY.**—The homœopaths will soon be following the lead of Prof. Clinkscales, of the eclectic faculty, in asking, Who and what are we? We observe that out of eleven medical books reviewed in the *Ohio Medical and Surgical Reporter* (homœopathic) for January and March, eleven are standard works of the regular profession—all of them either already noticed or about to be noticed in the pages of the *Times*. In nearly every case, our homœopathic cotemporary recommends these works very strongly to its readers. Verily, homœopathy is passing away: in the downward path after the stage of delusion, comes the stage of fraud.—*Philadelphia Medical Times*.

## NOTES AND QUERIES.

## FAS DOCERI.

THE *Philadelphia Medical Times* advises students desirous of getting "the most valuable diploma in the country," to study in Boston at the Harvard School, if they have "nerve and muscle to contend with New England climate, customs and examinations" (the italics are ours). The climate and examinations we know something about, but what of the customs? Surely, nowhere in the world is the diligent student treated with more cordiality, consideration and encouragement than in Boston. QUERENDUM.

## A SPEEDY CURE FOR BALANITIS.

A FEW grains of tannin applied locally has cured many cases of chronic and severe balanitis. It is better than all the "mild astringent lotions" of Dr. Druitt and other surgeons, because it is more easily applied, always readily obtained, and, in five cases out of six, one application is sufficient not only to afford relief, but to effect a permanent cure.

MACK, JR.

DIED,—In Brooklyn, N. Y., April 21, Dr. Benjamin Mann, of Roxbury.

## MORTALITY IN MASSACHUSETTS.—Deaths in sixteen Cities and Towns for the week ending April 18, 1874.

Boston, 149; Worcester, 22; Lowell, 19; Milford, 5; Chelsea, 5; Cambridge, 21; Salem, 8; Lawrence, 18; Lynn, 12; Gloucester, 2; Fitchburg, 1; Newburyport, 11; Somerville, 7; Fall River, 22; Haverhill, 5; Pittsfield, 7. Total, 314.

*Prevalent Diseases.*—Consumption, 54; pneumonia, 48; scarlet fever, 14.

Two deaths from smallpox occurred in Fall River.

GEORGE DERBY, M.D.,

Secretary of the State Board of Health.

**DEATHS IN BOSTON** for the week ending Saturday, April 25th, 1873. Males, 82; females, 81. Accident, 2; aphthæ, 1; apoplexy, 3; bronchitis, 9; inflammation of the brain, 1; congestion of the brain, 1; disease of the brain, 10; cancer, 6; consumption, 37; convulsions, 5; croup, 2; debility, 2; diarrhœa, 1; dropsy of the brain, 6; dysentery, 1; diphtheria, 2; epilepsy, 1; erysipelas, 2; scarlet fever, 3; typhoid fever, 2; gastritis, 1; disease of the heart, 6; hæmorrhage, 1; homicide, 1; intemperance, 1; intussusception, 1; disease of the kidneys, 2; disease of the liver, 4; laryngitis, 1; congestion of the lungs, 3; inflammation of the lungs, 15; marasmus, 5; old age, 1; paralysis, 3; pleurisy, 1; premature birth, 4; peritonitis, 4; puerperal disease, 5; rheumatism, 3; chronic disease of the stomach, 1; tubercles mesenterica, 1; suicide, 1; whooping cough, 2.

Under 5 years of age, 55; between 5 and 20 years, 10; between 20 and 40 years, 36; between 40 and 60 years, 28; over 60 years, 34. Born in the United States, 115; Ireland, 35; other places, 13.